

USAID/Rwanda
ANNUAL REPORT FY 2003

3/13/2003

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Related document information can be obtained from:
USAID Development Experience Clearinghouse
1611 N. Kent Street, Suite 200
Arlington, VA 22209-2111
Telephone: 703-351-4006 Ext 106
Fax: 703-351-4039
Email: docorder@dec.cdie.org
Internet: <http://www.dec.org>

Portions released on or after July 1, 2003

A. Program Level Narrative

Program Performance Summary:

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Transition Period Ends: The Government of Rwanda (GOR) is completing the ninth and final year of the transition period that began after the genocide and civil war of 1994. The transition period was negotiated and spelled out in the 1994 Arusha Peace Accord and calls for the development of a new constitution and holding of national elections for the presidency and parliament by July 31, 2003. The draft of the new constitution, which was officially presented to parliament in October 2002, is being revised. Rwandans are scheduled to vote in a referendum for the new constitution in early 2003, and participate in elections for the president and legislators in July 2003.

Peace Accord and Security: In July 2002, the GOR signed the Pretoria Peace Accord with the Democratic Republic of the Congo (DRC) and agreed to pull back Rwandan Armed Forces occupying the eastern DRC. To the astonishment of all parties, all 22,000 occupying soldiers of the Rwanda Defense Force had returned to Rwanda by October 5th, meeting the Pretoria Accord deadline. The DRC in turn agreed to end its support for the "negative forces" who continue to threaten the peace and security of Rwanda and Burundi from bases in the DRC. Increasing numbers of Rwandan ex-combatants are volunteering to be demobilized and repatriated with their families back to Rwanda. Nevertheless, "negative forces" still have the ability to destabilize security in Rwanda and adversely affect the democratic processes that are being rolled out.

Economic Outlook: The economic situation in Rwanda continued to improve in 2002, in spite of the global recession and of the fall in prices of key export commodities. At the annual Kigali meeting of the GOR and Donor Partners from November 6-8, 2002, the Ministry of Finance reported that during the first nine months of 2002, the GDP grew by 9.9% compared to the projected 7.3%. Major engines of this growth were food crops (16.6%) and construction (15%). Agricultural growth, however, was due to good weather and did not represent gains in productivity. The GOR reported that economic growth had not been conducive to broad-based job creation and the rural poor of Rwanda have not yet benefited from the increased GDP. Inflation remained subdued at 3.2% at the end of September, but was expected to rise in the last quarter of 2002. Exports declined by 39% during the first nine months of 2002 and the balance of payments continued to worsen. While the market for coffee will probably continue to remain depressed, the longer-term strategy, which USAID supports, is to raise quality by installing coffee washing stations and shifting production to better paid specialty coffees, including US markets.

Social and Economic Conditions: Although the Rwanda economy has been growing, its effect on the predominantly rural population has been negligible. Over 60% of Rwanda's 8.16 million people live below the poverty line. Preliminary 2002 census data released in December 2002, reported that 16.7% of Rwandans live in urban areas or towns and 7.5% live in Kigali City. This represents a significant increase in urbanization since 1991. While the gender difference nationally is 52% female and 48% male, the split in Kigali City is the reverse with 45% female and 55% male. Rural exodus is having a greater effect on males and points to the urgent need to develop viable economic activities that will increase the earning power and improve the living standards of the rural population. This is even more critical with the expected demobilization of thousands of Rwandan soldiers and ex-combatants, and the release of prisoners as a result of the Gacaca genocide trials. The 2002 census data also reveal that almost half of the Rwandan population (48.6%) is under the age of 16. The youthfulness of the population combined with high growth rate estimated at 3%, in a country that is one of the most densely populated in Africa (317 people/ square kilometer), results in a tremendous pressure on the land, the environment and all public services from health care to education. Only 4% of women are using a modern family planning method, although almost 70% indicated they would like to stop having children or wait at least two years before the next birth. On January 6, 2003 the GOR reported 2002 data on HIV prevalence rates among pregnant women: the rate was 13.7% in Kigali City, while rates in rural areas ranged from 1.1% to 5.2%.

As a result of high infant and child mortality (107 IMR) due to malnutrition, malaria, lack of adequate health services, high fertility and HIV prevalence, the average life expectancy in Rwanda has dropped to 40 years of age. With recent increases in funding for HIV and family planning, USAID programs are directly addressing these needs.

Political Challenges: The Rwandan Government faces a number of political hurdles which it must successfully navigate in the immediate future. The reintegration of tens of thousands of ex-combatants and refugees, along with the expected release of tens of thousands of prisoners under Gacaca, the tradition-based legal solution to genocide-related crimes, will require increased focus on reconciliation and conflict prevention programs. Many who survived the genocide will be re-traumatized as they testify in the Gacaca courts and face the return of their neighbors who participated in the genocide. The systematic transformation of GOR agencies into democratic institutions is another key GOR ambition. As the GOR finalizes the constitution and prepares the population to vote on it in an upcoming referendum, it must ensure that the rule of law and basic freedoms, such as the freedom of expression are protected. The Government will be further challenged to ensure that the spirit of the decentralization law is implemented and that sufficient authority and funding are granted to the district level authorities to guarantee its effective implementation. Local government officials who were elected in 2001 still need training to implement the decentralization program. Coordination of the myriad donors who support decentralization will also be difficult.

Donor Coordination: The GOR has placed donor coordination high on its list of priorities and has sought to develop an effective mechanism to improve coordination of donor activities. In this regard, it has assigned each major donor a lead role in coordinating donor activities in a given sector in collaboration with a line Ministry. Donors are requested to ensure that their programs directly support the priorities of the Poverty Reduction Strategy. The GOR asked USAID to be the lead donor for private sector development. Since USAID is the largest bilateral donor for HIV/AIDS, the mission's health team agreed to co-chair this coordination group and also work closely with Belgium, the chair of the Health group. During the past year, USAID collaboration with other donors increased. Democracy and Governance activities are closely coordinated with the UK Department for International Development (DFID) and the Netherlands Government. Health activities are jointly planned and implemented with WHO, UNICEF and UNFPA. The Food Security, Agriculture and Economic Growth team collaborates with the World Food Program, the European Union and the World Bank.

US Interests and Goals: The USG goals for Rwanda focus on reducing tensions on Rwanda's borders and ending the war in the Congo, promoting democracy and respect for human and civil rights, supporting economic growth especially through the private sector, reducing HIV prevalence and increasing institutional and human resource capacity. USAID directly promotes democracy through its rule of law and transparency in governance programs. These programs aim to increase the capacity of Rwandan government and civil society organizations. Government agencies benefitting from these programs include the Ministry of Justice, Supreme Court, Office of the Attorney General, Transitional National Assembly, Ministry of Local Government and selected district governments, National Elections Commission, and the National Police. Civil society organizations (CSO) and CSO networks for human rights, unions, and media are directly supported under the USAID Civil Society Strengthening Project implemented by CARE International. Economic growth and private sector development are key elements of the USAID program that aims to increase rural on- and off-farm employment and improve marketing and trade opportunities, especially under the Africa Growth and Opportunity Act. USAID is the lead agency for USG-funded HIV/AIDS activities in Rwanda. USAID's HIV/AIDS prevention, care and mitigation activities are complemented by the CDC Global AIDS Program that is strengthening the GOR HIV surveillance system. Media-centered activities to promote HIV behavior change have been jointly developed by USAID and the Embassy Public Diplomacy Section (PDS). These include a youth-focused radio program developed in collaboration with the Voice of America. As a member of the Rwanda Coordination Committee for the Global Fund for AIDS, Tuberculosis and Malaria, USAID staff helped develop a multi-pronged proposal to address the HIV/AIDS crisis. The proposal expanded the number of Voluntary Counseling and Testing centers countrywide. It further provided for a multiplication of test sites for the prevention of mother to child transmission of the HIV virus. This proposal won approval in 2002. USAID also collaborates with the PDS on USG-funded training programs, conferences and project

activities that increase the capacity of Rwandan educational institutions, including expansion of Information Communication Technologies (ICT).

Key Achievements:

Democracy and Governance SO 1: One of the most impressive achievements has been the development and implementation of the GOR fiscal decentralization program. With technical assistance from USAID, an accounting system for local governments was designed, an operations manual was developed, and a training system was piloted in 20 districts--greatly exceeding the target of five districts. The pilot project has been so successful that the government has requested it be replicated in all 106 districts. Because of this success, the British and the Dutch have committed funds to support the replication of the system. As a result of budget training provided to parliamentarians, Ministers, for the first time, now have to justify their ministries' budget before it can be approved by the National Assembly. Through the Genocide Survivors' Fund, USAID directly provided secondary school scholarships to 3,418 children and oversaw an additional 3,556 scholarships through the USAID- managed Dutch contribution. Girls represented 64% of total recipients.

Health SO 2: Access to HIV/AIDS services continues to improve. The number of USAID-supported VCT centers increased from 12 to 16, serving over 66,000 clients. Access to PMTCT services expanded through six USAID-supported sites that provided testing services to 4,400 women and nevirapine to 55% of those who were HIV+. HIV peer education activities exceeded performance targets by reaching 79,000 youth with HIV prevention messages. Financial access to health care improved with the expansion of pre-payment health mutuelles that have enrolled approximately 13% of the total population in target districts. In FY 2003 USAID will continue to support improved quality of primary health services, including HIV/AIDS. By the completion of the SO activities in 2004, PMTCT will be offered in at least eight sites; 54% of Health Districts will have at least one VCT center; prophylaxis and treatment of opportunistic infections will be expanded; and 250 clients will be treated for medical management of AIDS. In addition, community-based interventions to improve care and support for people infected and affected by HIV/AIDS will be extended to 9,750 individuals and 1,750 orphans and vulnerable children. Geographic coverage of mutuelles will expand from three to four Health Districts, with approximately 16% of the total population enrolled in these districts.

Food Security and Economic Growth SO 3: Through well-targeted technical assistance, USAID has successfully contributed to improving the lives of ordinary Rwandans. USAID investments in agricultural technology development and transfer have resulted in marked increases in yields for all crops surveyed in 2002, compared with 2000 and 2001. The capacity of the country's leading credit union was strengthened, resulting in improved accounting systems and data collection, and expansion of services to rural stakeholders. The Women in Transition project graduated from a revolving grants program to one offering short-term loans. Significantly, the reimbursement stood at 98% among selected women's solidarity groups. During FY 2002 Chemonics-supported enterprises reported a turnover of \$225,676 (FRW 117,351,500). The 13 cooperatives assisted by ACDI-VOCA (US PVO) succeeded in obtaining loans and grants totaling \$636,730 (FRW 331,099,600) which benefited approximately 1,851 heads of households. Our bilateral food assistance provided a safety net for over 7000 orphans and destitute individuals as well as 4,400 HIV/AIDS impacted households. Under the P.L. 480 Food Program, the number of private traders bidding regularly on monetized vegetable oil increased from 27 to 39 in 2002, while 22,000 individuals affected by HIV/AIDS were provided monthly rations and a total of 550,000 poor farmers participated in food-for-work activities.

All three SO teams made important strides in cross-cutting areas of human resource capacity development, information communication technology (ICT), environment and gender. All three SOs are working with the National University of Rwanda (NUR) to improve the quality of teaching, through development of curricula and teaching materials, and by encouraging students to study subjects related to law, public health, agriculture and education. The collective aim is to extend and deepen Rwanda's human resource capacity. In terms of ICT, MSU and Texas A&M continued to assist the National Agricultural Research Institute with internet linkages to develop ICT capacities for educational and outreach purposes. The University of Maryland and Tulane University are also working with NUR to

enhance the use of ICT in the School of Public Health and the Department of Education. The Agribusiness Center and the PEARL project have established outreach centers containing internet facilities where producers and traders can identify and research market opportunities. With the integration of the PL 480 activities into SO 3, food-for-work programs support integrated production and conservation practices, such as reducing soil erosion by encouraging terracing practices on hillsides and improving drainage in rehabilitated marshlands. The IMPACT project addressed the important concern of medical waste through the financing and construction of incinerators. USAID has also provided support to the development of the new constitution, which contains very specific language on environmental protection. Gender activities are fully described in the SO narratives.

Environmental Compliance: All three SOs have new activities and will need to update the IEEs. The Democracy and Governance SO 1 maintains an innovative on-going environmental review process for sub-grants under the Civil Society Strengthening Project. The Food Security/Economic Growth SO 3 is proactively compliant under its existing IEE, given the mitigation and environmental review actions being taken by partners as verified by the Regional Environmental Officer, but will need to amend the IEE to include the Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) and new micro-finance institution (MFI) activities. During the coming year amended IEEs will be submitted early in CY 2003 for SO 1 (DG), SO 2 (Health) and SO 3 (Food Security). A combined PERSUAP will to be submitted in January 2003 for Cooperating Sponsors' stored food commodities and for all SO 3 and Title II crop protection activities. A new IEE for cooperating sponsor Catholic Relief Services, under SO 3, is expected to be submitted to DCHA Bureau Environmental Officer no later than December 2002. A workshop on Environmental Capacity Building (ENCAP) will be organized in Rwanda in CY 2003 for participants from MFIs, sub-grant providers, and selected GOR entities.

An Environmental Threats and Opportunities Assessment (ETOA) will be prepared during January - February 2003 for the Mission's new integrated strategic plan (ISP). The Regional Environmental Officer will review the ETOA virtually in advance of the ISP submission to Washington at the end of March. IEEs for the new ISP SOs will be developed by 4th quarter of FY 2003.

Country Closeout & Graduation: Special Objective No. 696-0161.00 Close Out Report

In February 2000, USAID transferred to the World Bank, \$5 million in Economic Support Funds (ESF) as contribution to the World Bank Multilateral Debt Relief Trust Fund for Rwanda (MDRTF). The purpose of this obligation was to assist the Government of Rwanda (GOR) with debt service payments to the International Fund for Agricultural Development (\$8,527.45), African Development Bank (\$2,289,443.99) and the International Development Association (\$2,702,028.56), for the period February to September 30, 2000, thereby allowing scarce resources to be redirected by the GOR to the social sector.

Given the circumstances of this Special Objective (SPO) and its funding source, a results framework was not required, nor do most of the requirements of ADS 203.3.7 concerning closeout reports. This SPO represents only a single disbursement of \$5 million to the World Bank for the purposes of debt service payments.

USAID Rwanda subsequently confirmed that the \$5 million was used in accordance with the terms of the transfer, and that an equivalent amount of funds were redirected to the health, education, transport and communication sectors by the GOR.

D. Results Framework

696-001 Increased rule of law and transparency in governance

SO Level Indicator: Freedom House

IR 1.1 Justice Rendered More Effectively

IR 1.2 Increased Security of Property and Persons

IR 1.3 Increased Accountability at All Levels of Government

IR 1.4 Civil Society Strengthened

Discussion: No changes made to results framework this year

696-002 Increased use of sustainable health services in target areas

SO Level Indicator: % of Health Districts with VCT centers operating under national standards

IR 2.1 Increased availability of decentralized, quality primary health care and STI/HIV services in targeted regions

IR 2.2 Improved Knowledge and perceptions related to Reproductive Health, emphasizing STI/HIV, in targeted areas

IR 2.3 Enhanced sustainability of Primary Health Care Services through improved financial accountability and improved health care financing

IR 2.4 Increased Government of Rwanda Capacity to Provide Basic Social Sector Support

Discussion: No changes made to framework this year.

696-003 Increased ability of rural families in targeted communities to improve household food security

IR 3.1 Enhanced ability of farmers to produce and market targeted crops

IR 3.2 Expanded agribusinesses

IR 3.3 Improved policy framework for food security

Discussion: No changes made to results framework this year.

Selected Performance Measures - Rwanda

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Indicator (all data should pertain to FY or CY 02)	OU Response	Significant Result: Description of the significant result for a strategic objective	Data Quality Factors: Information relevant to the collection of this indicator data, e.g. "this data was not collected last year because it is only collected every five years."
Pillar I: Global Development Alliance			
Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?			
a. How many alliances did you implement in 2002? (list partners)			
b. How many alliances do you plan to implement in FY 2003?			
What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?			
Pillar II: Economic Growth, Agriculture and Trade			
USAID Objective 1: Critical, private markets expanded and strengthened			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
696-003 Increased ability of rural families in targeted communities to improve household food security	No		
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
696-003 Increased ability of rural families in targeted communities to improve household food security	No		
USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
696-003 Increased ability of rural families in targeted communities to improve household food security	No		
USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
a. Number of children enrolled in primary schools affected by USAID basic education programs (2002 actual)	Male	Female	Total
b. Number of children enrolled in primary schools affected by USAID basic education programs (2003 target)	Male	Female	Total
USAID Objective 5: World's environment protected by emphasizing policies and practices ensuring environmentally sound and efficient energy use, sustainable urbanization,			
Did your program achieve a significant result in the past year that is likely to contribute to this objective?			
a. Hectares under Approved Management Plans (2002 actual)			

b. Hectares under Approved Management Plans (2003 target)				
Pillar III: Global Health				
USAID Objective 1: Reducing the number of unintended pregnancies				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
696-002 Increased use of sustainable health services in target areas	No			
Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	%			
USAID Objective 2: Reducing infant and child mortality				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
696-002 Increased use of sustainable health services in target areas	No			
Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	Male	Female	Total	
Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	Male	Female	Total	
Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	Male	Female	Total	
Were there any confirmed cases of wild-strain polio transmission in your country?	No			WHO EPI/IDS Bulletin, Oct 2002;3(10). Data for Jan-Sep 02.
USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
696-002 Increased use of sustainable health services in target areas	No			
Percentage of births attended by medically-trained personnel (DHS/RHS)	%			
USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries				
Did your program achieve a significant result in the past year that is likely to contribute to this objective?				
a. Total condom sales (2002 actual)	6072927			PSI/Rwanda, sales for Oct 01-Sep 02
b. Total condom sales (2003 target)	5840000			PSI/Rwanda
National HIV Seroprevalence Rates reported annually (Source: National Sentinel Surveillance System)	8.9%			UNAIDS Epidemiological Fact Sheet for Rwanda, 2002 Update
Number of sex partners in past year (Source: national survey/conducted every 3-5 years)per DHS or other survey)				

Median age at first sex among young men and women (age of sexual debut) ages 15-24 (Source: national survey/conducted every 3-5 years) per DHS or other survey)	Male	Female	Total		
Condom use with last non-regular partner (Source: national survey/conducted every 3-5 years)per DHS or other survey)	%				
Number of Clients provided services at STI clinics	6141				National HIS via IMPACT/Rwanda, data for 5 provinces, Jan-Oct 02
Number of STI clinics with USAID assistance	164				IMPACT/Rwanda
Number of orphans and other vulnerable children receiving care/support	952				IRC/Rwanda, DCOF project (not limited to HIV orphans) cumulative data as of Sep 02
Number of Orphans and Vulnerable Children programs with USAID assistance	1				IRC/Rwanda, DCOF project
Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children	0				
Number of USAID-supported health facilities offering PMTCT services	6				IMPACT/Rwanda, PRIME II/Rwanda, 5 sites reporting
Number of women who attended PMTCT sites for a new pregnancy in the past 12 months	5447				IMPACT/Rwanda, PRIME II/Rwanda, 5 sites reporting
Number of women with known HIV infection among those seen at PMTCT sites within the past year.	304				Impact Rwanda, PRIME II/Rwanda, 5 sites reporting
Number of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4)	168				IMPACT/Rwanda, PRIME II/Rwanda. "Received" meaning that the patient was given nevirapine (does not indicate whether or not the patient complied in taking medication as directed)
Number of individuals reached by community and home-based care programs in the past 12 months	9179				Africare and ANSP+(through IMPACT/Rwanda), World Relief
Number of USAID-assisted community and home-based care programs	3				IMPACT/Rwanda
Number of clients seen at Voluntary Counseling and Testing (VCT) centers	66294				IMPACT/Rwanda, USAID-funded sites
Number of VCT centers with USAID assistance	16				IMPACT Rwanda, USAID funded sites
Number of HIV-infected persons receiving Anti-Retroviral (ARV) treatment	0				
Number of USAID-assisted ARV treatment program	0				

a. Number of individuals treated in STI programs (2002 actual)	0 Male	0 Female	0 Total		National HIS via IMPACT/Rwanda, data for 5 provinces, Jan-Oct 02. Total is 13,220 - not collected by gender
b. Number of individuals treated in STI programs (2003 target)	Male	Female	Total		
a. Is your operating unit supporting an MTCT program?	Yes				
b. Will your operating unit start an MTCT program in 2003?					
a. Number of individuals reached by community and home based care programs (2002 actual)	0 Male	0 Female	0 Total		Africare (through IMPACT/Rwanda) and World Relief (1800 families X estimated 5 people/family). Total 9179 - not gender disaggregated.
b. Number of individuals reached by community and home based care programs (2003 target)	0 Male	0 Female	0 Total		Total=9750, not disaggregated by gender
a. Number of orphans and vulnerable children reached (2002 actual)	0 Male	0 Female	0 Total		IRC/Rwanda, DCOF project (not limited to HIV orphans) cumulative data as of Sep 02. Total =952, not disaggregated by gender.
b. Number of orphans and vulnerable children reached (2003 target)	0 Male	0 Female	0 Total		Total=1750, not disaggregated by gender.
a. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 actual)	0 Male	0 Female	0 Total		
b. Number of individuals reached by antiretroviral (ARV) treatment programs (2003 target)	75 Male	175 Female	250 Total		
USAID Objective 5: Reducing the threat of infectious diseases of major public health importance					
Did your program achieve a significant result in the past year that is likely to contribute to this objective?					
696-002 Increased use of sustainable health services in target areas	No				
a. Number of insecticide impregnated bed-nets sold (Malaria) (2002 actual)	58823				PSI/Rwanda, sales for Oct 01-Sep 02
b. Number of insecticide impregnated bed-nets sold (Malaria) (2003 target)	80000				PSI/Rwanda
a. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 actual)	100%				Ministry of Health, National Tuberculosis Program
b. Proportion of districts implementing the DOTS Tuberculosis strategy (2003 target)	100%				Ministry of Health, National Tuberculosis Program
Pillar III: Democracy, Conflict and Humanitarian Assistance					
USAID Objective 1: Strengthen the rule of law and respect for human rights					
Did your program achieve a significant result in the past year that is likely to contribute to this objective?					
696-001 Increased rule of law and transparency in governance	No				
USAID Objective 2: Encourage credible and competitive political processes					

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

696-001 Increased rule of law and transparency in governance	No		
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USAID Objective 3: Promote the development of politically active civil society

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

696-001 Increased rule of law and transparency in governance	No		
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USAID Objective 4: Encourage more transparent and accountable government institutions

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

696-001 Increased rule of law and transparency in governance	Yes		
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Number of districts implementing fiscal decentralization financial management system exceeded target by 16. (target=4; actual=20)

USAID Objective 5: Mitigate conflict

Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total	
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USAID Objective 6: Provide humanitarian relief

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

Number of beneficiaries				
Crude mortality rates	%			
Child malnutrition rates	%			
Did you provide support to torture survivors this year, even as part of a larger effort?				
Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
Number of beneficiaries (children under age 15)	Male	Female	Total	